

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 4 LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 11:12

Diana Louise DeGette
(Full Name)

202-225-4431
(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC

Filer
Status

☒ Member of the U.S.
House of Representatives

State: CO
District: 01

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.**

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Diana Louise DeGette

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
McKenna Long & Aldridge LLP	Spouse's share of partnership income	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP Baron Partners Fund (IRA)	\$1,001 - \$15,000	N/A	NONE	
SP Federated Kaufmann Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP Fidelity Cash Reserves (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP Fidelity Contrafund (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P
Fidelity Growth Discovery Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP Fidelity Growth Discovery Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

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	Fidelity Growth Strategies Fund (formerly known as Fidelity Aggressive Growth) (IRA)	\$1,001 - \$15,000	N/A	NONE	
SP	Fidelity Independence Fund (IRA)	\$15,001 - \$50,000	N/A	NONE	
	Fidelity Leveraged Co. Stock Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity Leveraged Co. Stock Fund (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity New Millenium (IRA)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	P
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	P
SP	Hennessy Focus 30 Fund (IRA)	\$15,001 - \$50,000	N/A	NONE	
SP	ING MidCap Opportunities Portfolio I (McKenna Long & Aldridge 401(k))	\$50,001 - \$100,000	N/A	NONE	P
SP	ING MidCap Opportunities Portfolio I (McKenna Long & Aldridge Profit Sharing Plan)	\$50,001 - \$100,000	N/A	NONE	P
SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge 401(k))	\$50,001 - \$100,000	CAPITAL GAINS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Diana Louise DeGette

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SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge Profit Sharing Plan)	\$50,001 - \$100,000	N/A	NONE	P
SP	Janus Enterprise Fund (IRA)	\$15,001 - \$50,000	N/A	NONE	
JT	Janus Global Select Fund (formerly known as Janus Orion Fund)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Kinetics Paradigm Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Marisco 21st Century Fund (IRA)	\$1,001 - \$15,000	N/A	NONE	
SP	McKenna Long & Aldridge LLP Cash Balance Plan	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	P
	Public Employees Retirement Association	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	Wells Fargo Bank West, N.A.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge 401(k))	P	N/A	01/07/2010	\$1,001 - \$15,000
SP	GS Small Cap Value I (McKenna Long Aldridge 401(k))	P	N/A	01/07/2010	\$1,001 - \$15,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge 401(k))	P	N/A	01/07/2010	\$1,001 - \$15,000
SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge 401(k))	P	N/A	01/15/2010	\$1,001 - \$15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	P	N/A	01/15/2010	\$1,001 - \$15,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge 401(k))	P	N/A	01/15/2010	\$1,001 - \$15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	P	N/A	03/01/2010	\$1,001 - \$15,000
SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge Profit Sharing Plan)	P	N/A	03/01/2010	\$1,001 - \$15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge Profit Sharing Plan)	P	N/A	03/01/2010	\$1,001 - \$15,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge Profit Sharing Plan)	P	N/A	03/01/2010	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Diana Louise DeGette

Page 7 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	McKenna Long & Aldridge LLP Cash Balance Plan	P	N/A	01/28/2010	\$15,001 - \$50,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge 401(k))	S	No	10/15/2010	\$15,001 - \$50,000
SP	Munder Mid Cap Core Growth Fund (McKenna Long & Aldridge Profit Sharing Plan)	S	No	10/15/2010	\$50,001 - \$100,000
SP	ING MidCap Opportunities Portfolio I (McKenna Long & Aldridge 401(k))	P	N/A	10/15/2010	\$15,001 - \$50,000
SP	ING MidCap Opportunities Portfolio I (McKenna Long & Aldridge Profit Sharing Plan)	P	N/A	10/15/2010	\$50,001 - \$100,000
SP	Invesco Small Cap Growth Fund (formerly known as AIM Small Cap Growth) (McKenna Long & Aldridge 401(k))	P	N/A	12/30/2010	\$1,001 - \$15,000
SP	GS Small Cap Value I (McKenna Long & Aldridge 401(k))	P	N/A	12/30/2010	\$1,001 - \$15,000
SP	ING MidCap Opportunities Portfolio I (McKenna Long & Aldridge 401(k))	P	N/A	12/30/2010	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Diana Louise DeGette

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Aspen Institute Congressional Program	Feb. 15-21	Denver-Madrid, Spain,-Denver	Y	Y	N	None
The Aspen Institute Congressional Program	April 5-11	Denver-Lisbon, Portugal- Denver	Y	Y	N	None
New York University School of Law	Sep 13-14	Denver-New York City-DC	N	N	N	None

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 9 LEGISLATIVE RESOURCE CENTER

For use by Members, officers, and employees

MAY 16 2011

MAY 23 AM 11:56

Scott R. Tipton
(Full Name)

202-225-4761
(Daytime Telephone)

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: CO
District: 03

☐ Officer Or Employee

Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Scott R. Tipton

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Colorado- Colorado State Legislature	Legislative Salary	\$25,000
Tipton, Ltd.	Salary	\$26,100

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Bank of America	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Scott R. Tipton Trust -AMTR Questar Corp	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
Tim Hortons Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
WestPac Bkg Corp	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
Zweig FD Com	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
AmTrade C.E.A.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

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	Scott R. Tipton EX AMTR AMTRADE C.E.A.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Hewlett Packard	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	At&T	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Broomfield Rev. Bond	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Citigroup	\$1,001 - \$15,000	None	NONE	
	Exxon Mobil	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	Glaxo SmithKline	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Occidental Petroleum	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Qwest Communications	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	UBS Bank	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Tipton Properties 27601 Hwy 160 Cortez, CO	\$500,001 - \$1,000,000	None	NONE	
	Ashland Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Kinder Morgan Energy	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Hidden Valley CRM 1 Sec NE 1/4 Sec Rd 26	\$1,000,001 - \$5,000,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

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4 Way Construction Airport Circle Farmington, NM	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
Pelty Building Hwy 160 E Cortez, CO	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
702 Arbor Street Cortez, CO	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
St. Philip 701 3rd Street Cortez, CO	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
Scott Tipton Exempt At&T	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
Citigroup	\$1,001 - \$15,000	None	NONE	
Summit Co. Revenue Bond	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Travelers Co	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Ridges Metro District	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Broomfield Bond Co	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Denver CO Revenue Bond	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Helios Return Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
First Units Preferred	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

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	RMA Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Scott R. Tipton Trust Questar Corp	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	National Semiconductor	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Exxon Mobil	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	Bank of America	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Power Shares QQQ	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Unts FT Preferred	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	UPS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Qwest	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Walt Disney	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Scott R. Tipton Ex AMTR Travelers Co	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	UBS Bank	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
JT	Alliant Energy	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	RMA Money Market Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

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JT	John Hancock Patriot	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
JT	Intel Corp	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Pepsico	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Royal Dutch Shell	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Zions Bancorp	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Vectra Bank CCA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	State of Colorado Vanguard Index Fund	\$1,001 - \$15,000	None	NONE	
	Zweg Total Return	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Merck & Co Inc.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Qwest Communications	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Zions Bancorp	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
DC	BP Plc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
DC	UBS Bank USA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Scott Tipton AMTR Trust Alliant Energy	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Scott R. Tipton

Page 8 of 9

Ashland Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
AT&T	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Exxon Mobil Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Menco Health Systems	\$1,001 - \$15,000	None	NONE	
Scott Tipton RMA Tax Free Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
Scott R. Tipton Trust Denver Airport Rev. Bond	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
Las Cruces Rev Bond	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
BAC Capital Trust 1	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
JP Morgan Chase Trust 1	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
Morgan Stanley Capital Trust	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
Royal Bank of Scotland PLC	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
New York Life- Whole Life Insurance Policy	\$100,001 - \$250,000	None	NONE	
Marathon Oil	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE VIII - POSITIONS

Name Scott R. Tipton

Page 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Crow Canyon Archeological Center
Director	Mesa Verde Foundation
State Legislator	State of Colorado - Colorado State Legislature
Owner	Tipton Ltd.

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of 7

MAY 16 2011

RELATIVE RESOURCE CENTER

2011 MAY 24 AM 11:09

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Name: Cory Scott Gardner

Daytime Telephone: 202-225-9558

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Co</u> District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Cory Gardner

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

SP,		SP	Mega Corp. Stock
DC,	Examples:		Simon & Schuster
JT			1st Bank of Paducah, KY Accounts

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

A	B	C	D	E	F	G	H	I	J	K	L																					
None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED AND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$1,000	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.		
				X									X			X															P, S, E	
	Indefinite				X									X				Royalties										X		S (partial)		
			X									X								X												
		X													X						X											
			X												X						X											
				X								X								X												
					X								X																			
			X										X							X												
					X																											

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Cory Gardner

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E	
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000		Over \$5,000,000
Goldman Sachs Cap Growth Fund			X											X							X											S
Lord Abbett Affiliated Fund			X											X							X											
John Hancock Regional Bank Fund			X											X							X											
Pfizer, Inc.			X											X							X											
Edward Jones Money Market		X												X		X					X											
Goldman Sachs Growth Opp.			X											X							X											
Putnam Global Health Care Fund			X											X							X											

SCHEDULE V— LIABILITIES

Name

Cory Gardner

Page

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	Federal Student Loan		Nov 2001	Student Loan		X								

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

Name

Cory Gardner

Page

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Executive Director (Spouse)	Colorado Resource Alliance

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 7

MAY 16 2011

Name: Douglas L. Lamborn

Daytime Telephone: 202-225-4422

LEGISLATIVE RESOURCE CENTER

2011 MAY 24 AM 11:07

MC

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 2 of 7

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Douglas L. Lamborn

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	
SP	Net App, Inc. stock				X												X				X											P, S
SP	Research in Motion, Ltd. stock				X												X				X											P, S
SP	2 Net App, Inc. options - Feb. calls at 33	X															X				X											S
SP	3 Net App, Inc. options - April calls at 33	X															X				X											S
SP	3 Net App, Inc. options - May calls at 34	X															X				X											S
SP	3 Net App, Inc. options - June calls at 34	X															X				X											S
SP	4 Net App, Inc. options - Nov. calls at 50/55	X															X				X											S
SP	3 Net App, Inc. options - Dec. calls at 55	X															X				X											S
SP	2 Research in Motion, Ltd. options - July calls at 60	X															X				X											S
SP	2 Research in Motion, Ltd. options - Nov. calls at 57.5	X															X				X											S
SP	3 Research in Motion, Ltd. options - Dec. calls at 60/62.5	X															X				X											S

SCHEDULE IV—TRANSACTIONS

Name Douglas L. Lamborn

Page 4 of 7

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction									
PURCHASE	SALE	EXCHANGE		(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A	B	C	D	E	F	G	H	I	J
				\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	X			10-12-10		X								
X				1/8/10	X									
	X			4/16/10	X									
X				3/10/10	X									
	X			4/16/10	X									
X				5/12/10	X									
	X			6/18/10	X									
X				10/18/10	X									
	X			11/19/10	X									
X				10/27/10	X									
X				11/8/10	X									
X				11/11/10	X									
X				12/21/10	X									
	X		X	2/22/10										
	X		X	4/19/10										

SCHEDULE IV— TRANSACTIONS

Name Douglas L. Lamborn

Page 5 of 7

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.			Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
SP, DC, JT	Asset																	
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X									
SP	3 Net App, Inc. options-			X		X	5/24/10											
SP	May calls at 34																	
SP	3 Net App, Inc. options-			X		X	6/21/10											
SP	June calls at 34																	
SP	4 Net App, Inc. options-			X		X	11/22/10											
SP	Nov. calls at 50/55																	
SP	3 Net App, Inc. options-			X		X	12/20/10											
SP	Dec. calls at 55																	
SP	Research in Motion, Ltd. stock		X				6/23/10	X										
SP	Research in Motion, Ltd. stock			X			11/19/10	X										
SP	Research in Motion, Ltd. stock		X				11/22/10	X										
SP	Research in Motion, Ltd. stock (partial sale)			X			12/17/10	X										
SP	Research in Motion, Ltd. stock		X				11/28/10	X										
SP	Research in Motion, Ltd. stock (partial sale)			X			12/17/10	X										
SP	Research in Motion, Ltd. stock		X				12/3/10	X										
SP	Research in Motion, Ltd. stock		X				12/21/10	X										

SCHEDULE IV—TRANSACTIONS

Name Douglas L. Lamborn

Page 6 of 7

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		Form A For use by Members, officers, and employees	POSTMARK ILLEGIBLE 2011 MAY 24 AM 11:03 (Office Use Only)
Name: <u>Michael H. Coffman</u>		Daytime Telephone: <u>202-225-7422</u>	
Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Colorado</u> District: <u>6</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type <input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Continuation Sheet (if needed)

Name Michael H. Cohen

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SCHEDULE V— LIABILITIES

Name

Page **2** of **9**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
SP	Cit: Mortgage of Delhome	June 2003	Mortgage Mortgage on 1030 Kaplan St. Dover											
SP	American State Bank, Greenwood Village, CO	June 2010	2nd on Mortgage			X								

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement